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JUL 21 2016

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
DIVISION

JAMES N. HATTEN, Clerk
S. B. Deputy Clerk

Traci Kimberly Ethridge
(Print your full name)

Plaintiff *pro se*,

v.

Cool Tech HVAC, Inc.
110 Northgate Industrial Drive
Bell Ground, GA 30107

(Print full name of each defendant; an
employer is usually the defendant)

Defendant(s).

CIVIL ACTION FILE NO.

1:16-CV-2652

(to be assigned by Clerk)

PRO SE EMPLOYMENT DISCRIMINATION COMPLAINT FORM

Claims and Jurisdiction

1. This employment discrimination lawsuit is brought under (check only those that apply):

7 Title VII
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Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin, or retaliation for exercising rights under this statute.

NOTE: To sue under Title VII, you generally must have received a notice of right-to-sue letter from the Equal Employment Opportunity Commission ("EEOC").

_____ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 et seq., for employment discrimination against persons age 40 and over, or retaliation for exercising rights under this statute.

NOTE: To sue under the Age Discrimination in Employment Act, you generally must first file a charge of discrimination with the EEOC.

✓
_____ Americans With Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., for employment discrimination on the basis of disability, or retaliation for exercising rights under this statute.

NOTE: To sue under the Americans With Disabilities Act, you generally must have received a notice of right-to-sue letter from the EEOC.

_____ Other (describe) _____

2. This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

Parties

3. Plaintiff. Print your full name and mailing address below:

Name TRAU Kimberly Ethridge
Address 1240 Seven Springs Circle
Marietta GA 30068

4. Defendant(s). Print below the name and address of each defendant listed on page 1 of this form:

Name Cool Tech HVAC, Inc
Address 110 Northgate Industrial Drive
Ball Ground GA 30107

Name _____
Address _____

Name _____
Address _____

Location and Time

5. If the alleged discriminatory conduct occurred at a location different from the address provided for defendant(s), state where that discrimination occurred:

August 7th 2015 N/A

6. When did the alleged discrimination occur? (State date or time period)

August 14th 2015

Administrative Procedures

7. Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal agency? ☒ Yes ☐ No

If you checked "Yes," attach a copy of the charge to this complaint.

8. Have you received a Notice of Right-to-Sue letter from the EEOC?

☒ Yes ☐ No

If you checked "Yes," attach a copy of that letter to this complaint and state the date on which you received that letter:

9. If you are suing for **age discrimination**, check one of the following:

☐ 60 days or more have elapsed since I filed my charge of age discrimination with the EEOC

☐ Less than 60 days have passed since I filed my charge of age discrimination with the EEOC

10. If you were employed by an agency of the State of Georgia or unsuccessfully sought employment with a State agency, did you file a complaint against defendant(s) with the Georgia Commission on Equal Opportunity?

____ Yes

☒ No

____ Not applicable, because I was not an employee of, or applicant with, a State agency.

If you checked "Yes," attach a copy of the complaint you filed with the Georgia Commission on Equal Opportunity and describe below what happened with it (i.e., the complaint was dismissed, there was a hearing before a special master, or there was an appeal to Superior Court):

11. If you were employed by a Federal agency or unsuccessfully sought employment with a Federal agency, did you complete the administrative process established by that agency for persons alleging denial of equal employment opportunity?

____ Yes

☒ No

____ Not applicable, because I was not an employee of, or applicant with, a Federal agency.

If you checked "Yes," describe below what happened in that administrative process:

Nature of the Case

12. The conduct complained about in this lawsuit involves (check only those that apply):

☐ failure to hire me
☒ failure to promote me
☒ demotion
☒ reduction in my wages
☒ working under terms and conditions of employment that differed from similarly situated employees
☒ harassment
☒ retaliation
☒ termination of my employment
☒ failure to accommodate my disability
☐ other (please specify) Had ADD diagnosis

13. I believe that I was discriminated against because of (check only those that apply):

☐ my race or color, which is _____
☐ my religion, which is _____
☐ my sex (gender), which is _____ male _____ female
☐ my national origin, which is _____
☐ my age (my date of birth is _____)
☐ my disability or perceived disability, which is: _____

☐ my opposition to a practice of my employer that I believe violated the federal anti-discrimination laws or my participation in an EEOC investigation

☐ other (please specify) _____

-
- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach no more than five additional sheets if necessary; type or write legibly only on one side of a page.)

15. Plaintiff ☒ still works for defendant(s)
☐ no longer works for defendant(s) or was not hired

16. If this is a disability-related claim, ☒ did defendant(s) deny a request for reasonable accommodation? ☒ Yes ☐ No

If you checked "Yes," please explain: _____

17. If your case goes to trial, it will be heard by a judge ☒ unless you elect a jury trial. Do you request a jury trial? ☒ Yes ☐ No

Request for Relief

As relief from the allegations of discrimination and/or retaliation stated above, plaintiff prays that the Court grant the following relief (check any that apply):

- ☒ Defendant(s) be directed to stop garnishment
☒ formal apologies my good name & reputation
returned
☐ Money damages (list amounts) _____
5,000,000.00 five million dollars
☒ Costs and fees involved in litigating this case
\$15500.00
☐ Such other relief as may be appropriate

PLEASE READ BEFORE SIGNING THIS COMPLAINT

Before you sign this Complaint and file it with the Clerk, please review Rule 11 of the Federal Rules of Civil Procedure for a full description of your obligation of good faith in filing this Complaint and any motion or pleading in this Court, as well as the sanctions that may be imposed by the Court when a litigant (whether plaintiff or defendant) violates the provisions of Rule 11. These sanctions may include an order directing you to pay part or all of the reasonable attorney's fees and other expenses incurred by the defendant(s). Finally, if the defendant(s) is the prevailing party in this lawsuit, costs (other than attorney's fees) may be imposed upon you under Federal Rule of Civil Procedure 54(d)(1).

Signed, this 27th day of July, 202016

Traci Ethridge
(Signature of plaintiff *pro se*)

Traci Ethridge
(Printed name of plaintiff *pro se*)

1240 Seven Springs Circle
(street address)

Marietta GA 30068
(City, State, and zip code)

Traci.Ethridge@gmail.com
(email address)

770 480 0361
(telephone number)

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Traci Ethridge		Home Phone (Incl. Area Code) 470-599-9528	Date of Birth 11/2/1967
Street Address City, State and ZIP Code 1240 Seven Springs Circle, Marietta, GA 30068			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Cool Tech HVAC, Inc. c/o President/CEO Preston Slayden, Sr.		No. Employees, Members 15+	Phone No. (Include Area Code) 770-737-2525
Street Address City, State and ZIP Code 110 N. Gate Ind. Drive, Ballground, GA 30107			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 8/7/15 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): 1. I began working for Cool Tech HVAC in Service Dispatch in November 2007. 2. In March 2015, I was promoted to the position of Office Manager and expected to assume additional responsibilities in the workplace. 3. I also was diagnosed with a disability and put on medication that caused me to lose weight. 4. In July 2015, my employer required me to go for a drug screen. 5. I disclosed my prescriptions to the testing facility and tested positive for one of them. 6. When my employer learned of my prescription, I was deemed untrustworthy and incapable of performing my job. My job duties were removed, I was treated like a drug addict and when I would not admit that I had a problem with drugs and needed help, on August 7, 2015, I was terminated. 7. My employer disclosed my use of prescription medication to others without my consent. 8. I believe that my employer has violated the Americans with Disabilities Act of 1990, as amended, ("ADA") including discriminating against me on the basis of disability, record of disability and because I was regarded as disabled, and has retaliated against me in violation of the ADA.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
12/27/15 Traci Ethridge Date Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	